

Personnel Service Center IRS W-2 Form Request

Instructions: Complete the form below, print and fax the SIGNED, completed, LEGIBLE, form to PSC (SES-AA) at: <u>785-339-3784</u>

or mail to:

Commanding Officer (SES-AA) U.S. Coast Guard Personnel Service Center 444 SE Quincy St. Topeka, KS 66683-3591

Note: If filling out by hand, please <u>print legibly</u> (*If we can't read your writing, we will not be able process your request*)

Department of Homeland Security					
U. S. Coast Guard CG PSC-W2RE (Rev. 1/08)	Request for Duplicate or Replacement IRS Form W-2				
1. Social Security Number:			2. Today's Date:		
3. Last Name:		4. First Name:			5. MI:
6: Address (Street, RR, Box #, Apt, etc.):					
7: City:			8. State:	9. Zip:	
10. Daytime Phone #:	11. Fax # (Complete only if you	would like us to fax a copy to you):	(Feb 15 thru A that PSC can	During the busy tax pril 15) there is no g fax a W2. You wil mail within 10 working	uarantee I receive
12. Member Status: (select one):	13.Tax Year(s) Desired for W-2	PRIVACY ACT STATEMENT: IAW 5 USC Sec. 522a(e)(3), the following is provided when supplying personal information to the U.S. Coast Guard: ◆ Authority - 10 USC Section 2771. ◆ Principal Purpose - Used to identify member's pay account and provide distribution instructions for annual, employee's wage and earnings statement.			
Active Duty	2007				
Reserve	2006				
Separated	2005				
Retired	2004				
Note: If you retired in 2006 or before, you need a 1099 form from	Other	♦ Routine Uses - San	Same.		
our <u>Retired pay section</u> , please call 1-800-772-8724 for assistance.	Year(s):	 Disclosure - Disclosure of this information is voluntary, but without disclosure member may not receive a replacement IRS Form W-2. 			
14. Is the member deceased? (Complete only if the person signing in block 15 is not the same as person	15. Signature: ***DO NOT FAX OR MAIL WITHOUT A SIGNATURE***				
identified in blocks 1 through 5:					
	16. Printed Name (First, Middle Initial, Last)				
Yes					